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**Application Number** 

## **CORRESPONDENCE ADDRESS** Filing Date Application Jeff S. Eder First Named Inventor 3628 Art Unit Address to: Commissioner for Patents Harish T. Dass **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 AR - 12 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with $\overline{}$ **Customer Number:** 54804 OR Firm or Individual Name Address City State Zip Country Telephone Email This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 52,849 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature /Jeff Eder Reg# 52,849/ Typed or Printed Jeff Eder Name Telephone (425) 483-4425 Date 7/3/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below forms are submitted

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